U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2614	2. Fiscal Year Covered From:
	01/01/04 Through: 12/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name ROBERT H GROH	Name MASTERS, MATES & PILOTS
	Labor Organization File Number 000-162
P.O. Box, Bidg., Room No., if any SUITE B	P.O. Box, Building and Room Number, if any
Street 540 EAST MENAS ROAD	Street 700 MARITTHE BLVD SUITE A
City POMPANO BEACH	City LINTHICUM HEIGHTS
State FLORIDA ZIP Code + 433060	State MARYLAND ZIP Code + 4 2 1090-097
5. Position in labor organization.	and the second s
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests islands set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	NA
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	, AA
City	
State ZIP Code + 4	A Company of the Comp
Signature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ing documents), has been examined by the signatory and is, to the best of the
Signed	On 6/27/05 954-254-6/47 Dette Telephone Number
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	Rage 184
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Name of Person Filling ROBERT H. GROH	File Number U- 264	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name THE SEGAL COMPANY	, and	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any		
Street ONE AARK AVE	c. Employer	
City NEW YORK		
State NEW YORK ZIP Code + 4 100 16		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PASTERS, HATES & PROBLE	BUSINES LISTED IN #8 AMOUR KOUTOKS	
Trade Name, if any:	ALTUARIAL SERVICES TO BENEFIT TRUST FLAMS. I AM A PARTEIPANT &	
P.O. Box, Bldg., Room No., if any	ATRUSTEE ON THESE PLANS.	
Street 700 MAHTIME BIND JUITEH	APPROX POLY	
City LINTHICUM HEIGHTS	11.b. Approximate dollar value of such dealing. (30,110) 100 111	
State MARY LAWD ZIP Code + 4 2/090	COST OF DINNER SPONSOR ED DURING TRUST HEETING HELD ON	
•	DURING TRUST HEETINGS HELD ON	
	MN 2904, THE APPROXIMATE COST WAS 124 00	
i	WAS 1/24	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under		
or from any labor relations consultant to an employer any payment of money	or other thing of value. 14.a. Nature of payment.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	19.a. Nature of payment.	
Name	14	
Trade Name, if any:	WA A STATE OF THE	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	The big of a subject to the big of the big o	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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Name of Person Filing KIBERT H. GROH	File Number U- 26/4
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name DANK OF New YORK Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE WALL STREET City NEW YORK ZIP Code + 4 / 1286	9. Business deals with: a. Labor Organization b. Trust c. Employer
P.O. Box, Bldg., Room No., if any Street 700 MARITIME BLVD SWITE A City LINTHICUM HEIGHTS	11.a. Nature of such dealing. BUSINESS LISTED IN #B ABOVE PROVIDES FINANCIAL COSTODY SERVICES TO THE BANEFIT TRUST RANK. I AM A TRUSTEE FARTICIPANT IN THESE RANK. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. COST OF DINNEL SPONSORED DURING TRUST HEETIUS HELD IN MAY 2004, THE APPROOF COST WAS 150
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
P.O. Box, Bldg., Room Ng., if any	The state of the s
Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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Name of Person Filing KOBERT H. GROH	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name STEPTOE \$ JOHNSON Trade Name, if any: P.O. Box, Bldg., Room No., if any Street /330 CONNECT/CUT AVE N,W, City WASHINGTON State D. C. ZIP Code +4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name //ASTELS //ATES 7 // 100 TS // DEWELT // HATE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street // DO //ARITME DIVB SUITE A City LINTHICUM HEIGHTS State // ARULAND ZIP Code + 4 2 1090	PLANS. I AM A PARTICIPANT ATRUSTER ON THESE PLANS. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. COST OF DINNER SPONSORED DORING TRUST MEETINGS HELD SEPT 2004, THE APPROX. OUT WAS 138.06
C. Received from any employer (other than an employer covered unde	r parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value. 14.a. Nature of payment.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	5.2 1.0 1/2 07 07 07 07 07 07 07 07 07 07 07 07 07
Name	
Trade Name, if any:	I MH I
P.O. Box, Bldg., Room No., Tamy	I was a second of the second o
Street	
City	
State ZIP Code + 4	Commence of the contract of th
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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